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VA HIV REPORT

Department of Veterans Affairs

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Note from the Program Office: Improving Quality of HIV Care

This issue of *VA HIV Report* highlights the work of the Center for Quality Management in Public Health (CQM), a field office of the Public Health Strategic Health Care Group. CQM works with clinicians, administrators, and researchers to improve the safety and quality of care for HIV-infected veterans.

CQM frequently queries VA clinicians regarding issues in care, and informs them of emerging clinical information or signs of potential problems. We manage the local and National Clinical Registries in Hepatitis C and in HIV, which are important tools for monitoring and improving quality of care.

We believe that CQM is most effective working in a collaborative process, where clinicians provide input, work with us to test new practice models, and help to disseminate best practices. Tools created through these collaborative efforts include population-based reports, such as those in the registries, and tools used in individual patient care, such as clinical reminders. We work closely with others in VA, such as the Pharmacy Benefit Management Strategic Healthcare Group, to ensure access to state-of-the-art medicine for VA patients. Using the National databases, we provide support to the Veterans Equitable Resource Allocation (VERA) system, and conduct administrative queries for patient safety and quality of care issues. CQM also provides researchers with access to data in the registries, which represent two of the largest cohorts in the world of persons living with HIV and hepatitis C.

We welcome the opportunity to work with VA clinicians and patients in our continuous efforts to improve care. If you have any thoughts or questions about our work or would like to suggest areas of improvement, please contact CQM through Paula Edwards at Paula.Edwards@med.va.gov.

Larry Mole, PharmD.
Director, Center for Quality Management in Public Health

A beaming Michael Howe (center) is flanked by Dr. Lawrence Deyton and Dr. Susan Mather at a Washington, DC luncheon in his honor.

Farewell and Best Wishes to Michael Howe

My co-editor of this newsletter, J. Michael Howe, retired from VA service earlier this month. For the past 14 years, Michael has served the VA community as manager of the VA AIDS Information Center and was instrumental in developing a community of well-informed HIV clinicians in VA. I will miss his assistance with this newsletter as well as his bi-weekly email news service. All of us in the Public Health Strategic Health Care Group wish Michael the best and thank him for his years of hard work on behalf of veterans with HIV.

Michael Rigsby, MD

Dyslipidemia in HIV – A Study in Patient Safety and Quality of Care

The importance of screening for and management of dyslipidemia provides an excellent case study in the methods used by CQM staff to improve the delivery of safe, high quality care.

In early 2000, research was published identifying a potentially serious drug interaction between specific antiretroviral (ARV) drugs and the lipid lowering drug simvastatin. A query of the National HIV database showed that over 1,000 veterans were receiving simvastatin and a protease inhibitor or delavirdine. CQM disseminated a notice through our VA HIV clinician network and observed over the ensuing months a decline in these potentially harmful combinations. Although the data on the interaction were compelling, we heard from many front line providers that there were barriers that prevented them from easily prescribing

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Dyslipidemia in HIV

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safer "statin" agents. CQM responded by working with the Pharmacy Benefits Management leadership to ensure access to pravastatin, a safer alternative to simvastatin, first on an appropriate non-formulary indication and then later as an approved national formulary item.

Following case reports of deaths from rhabdomyolysis related to the simvastatin-ARV interaction, CQM conducted a retrospective chart audit of all HIV patients with a diagnosis of rhabdomyolysis. We found only a few patients who developed rhabdomyolysis from a statin-ARV interaction. A high rate of testing for creatine phosphokinase (CPK) in patients on statin therapy was a positive sign of ongoing toxicity monitoring.

To assess rates of lipid monitoring, CQM conducted a thorough review of National Registry data focusing on patients in care through 2004 who received their first antiretrovirals in the VA. Rates of lipid screening remained at approximately 70% of all patients starting ARV therapy. This information was communicated to all VA HIV clinicians along with information regarding risk factors for cardiovascular disease. CQM also developed and made available two Clinical Reminders that local facilities can use to prompt lipid screening and to identify HIV patients with high lipid levels who are not receiving treatment. CQM plans to repeat assessment of lipid screening and treatment during the next year.

HIV and Hepatitis C Coinfection Efforts

Many VA patients are infected with both HIV and hepatitis C virus (HCV). Coinfection complicates the management of each condition and seems to adversely affect clinical outcomes. Consequently, CQM is particularly concerned with identifying the coinfected population and providing tools to ensure the highest quality care.

CQM has examined rates of testing as the first step in identifying the coinfected population. Within VA, CQM finds high rates of HCV testing in patients with HIV. In 2002, of nearly 20,000 HIV patients, 94% had a HCV antibody test at some point during their VA care. Approximately 37% were HCV seropositive. Rates of HIV testing among HCV patients do not appear to be as high, although a complete analysis of this question awaits improvements in the Hepatitis C Case Registry.

In other analyses, coinfected patients are more likely to have diagnoses of serious mental illness, alcohol abuse, hard drug use or other substance use disorders compared to patients with HIV alone. Thirty percent of patients seen in 2002 who had HIV alone had a history of alcohol abuse and 20% had a history of hard drug use compared with 64% and 63% respectively for patients coinfected with HIV and HCV. Coinfected patients have on average been in VA care for their HIV disease longer than those patients infected with HIV alone yet coinfected patients are less likely to have received antiretroviral drugs from the VA.

In order to help identify and address the special needs of the coinfected population, the next version of software for both Clinical Case Registries will include special coinfection options. These views will allow clinicians to generate reports specifically for coinfected patients.

CQM Offers Electronic Tool to Support HIV Care

Most VA providers are familiar with the Clinical Reminders (CR's) in CPRS (VA's Computerized Patient Record System). CQM has developed a set of optional CR's on key HIV care topics that can be installed and used at individual VA facilities in whatever way best meets local needs.

The HIV CR's were developed in collaboration with VA clinicians, based on current practice guidelines. The CR topics include monitoring CD4 and viral load; ordering tests for viral hepatitis, syphilis and serum lipid levels; and prescriptions of antiretroviral therapy and opportunistic infection prophylaxis. A new HIV CR was recently added to identify HIV patients with elevated serum lipids who are not on lipid lowering therapy.

CQM recently conducted, in collaboration with the HIV-QUERI, an evaluation of the HIV CR's. This showed that clinicians find the CR's helpful, and that using them does not require a lot of time nor detract from the patient interaction. To date, 37 facilities have requested HIV CR's. Facilities may use some or all of the HIV CR's. In addition to the familiar on-screen reminders, clinics and individual providers can use the HIV CR's to track, plan and monitor care. CQM has developed a guide describing ways to use HIV CR's.

To obtain the HIV CR's, the guide to using them, or additional information, contact CQM National Quality Manager Jim Halloran at james.halloran@med.va.gov. CQM also welcomes ideas regarding new clinical reminders that could help improve VA HIV care.

Note to Readers:

Due to the recent transition to new HIV Registry software (CCR: ICR or Clinical Case Registry: Immunology Case Registry), reports from the Registry that normally appear in this newsletter are not included in this issue. We are working on gathering and compiling data from the new HIV registry and will have that available for the next printing of the newsletter. For information on the HIV registry software, please visit the VistaU Web site: http://vaww.vistau.med.va.gov/VistaU/ICR/default.htm.

The Public Health Strategic Health Care Group includes the HIV and Hepatitis C Program Office, the Center for Quality Management in Public Health, the Center for Public Health Research Resources, the Public Health National Prevention Program, and support services for education and training, communication, and information management. For more information about the work of the Public Health Strategic Health Care Group, visit our Web site: http://vaww.vhaco.va.gov/phshcg/ (VA Intranet) or http://www.publichealth.va.gov/ (Internet)